DOCUMENT RESUME

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ABSTRACT

This leaflet notes the definition of statutory or legal blindness, its incidence, and its etiology and then discusses the implications of alcohol and other drug use with individuals with visual impairments. The guide focuses on increased risks for alcohol and other drug problems among individuals with blindness and emphasizes that prevention efforts should include information specific to the person's disability. Possible solutions to access problems experienced by individuals with blindness are identified, and suggestions are offered to improve positive interactions. Three myths about blindness are outlined and dispelled by factual information. The guide concludes with a list of four organizations, two community contacts, one government agency, and five references. (JDD)

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A Look at Alcohol and Other Drug Abuse Prevention and...

BLINDNESS AND VISUAL IMPAIRMENTS

A person whose optimum visual acuity in the better eye is 20/200 is considered to have statutory or legal blindness. It is estimated that 11.4 million Americans have some visual impairment, even with glasses. Of this number:

- 120,000 are totally blind;
- 600,000 are legally blind with some usable vision;
- 1,400,000 are severely visually impaired (cannot read newsprint with glasses).

Visual impairments also include tunnel vision and color blindness. Two thirds of blindness is caused by cataracts, glaucoma, diabetes, vascular disease, trauma, and heredity. One third is "cause unknown."

The Implications of Alcohol and Other Drug Use

Very little is known about the alcohol and other drug use patterns of people with visual impairments. Increased risks for alcohol and other drug problems among the blind have been associated with isolation, excess free time, and underemployment (Nelipovich and Buss, 1989). People with visual impairments may face fewer consequences from alcohol and other drug abuse due to the enabling of others, social isolation, and constraints imposed by the disability.

When alcohol and other drug dependency treatment is required, the educational modalities must be altered for this process to be effective (e.g., talking books, braille). Also, treatment requirements may differ for those whose alcohol and other drug abuse has preceded, rather than followed, the onset of the visual impairment (Glass, 1980-81).

Alcohol and other drug abuse prevention efforts should include information specific to the person's disability. For example, the following points might be emphasized in discussions with a person with blindness or other visual impairments:

- When the visual impairment is progressive, such as with glaucoma or diabetes, alcohol and other drug abuse issues are compounded. Even moderate drinking can aggravate these conditions, and the person must go through a period of psychological adjustment with each level of vision that is lost.
- When alcohol or other drugs are the means of coping with a visual impairment, psychological adjustment to disability is less complete. Successful independent functioning therefore is less likely.
- Alcohol and other drugs are ineffective means for dealing with negative self images and feelings of isolation. Discuss other ways to develop self esteem, social skills and independence.
- Alcohol and other drugs can effect motor coordination and cause difficulties in mobility.

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A Resource: To explore the issues related to alcohol and other drug dependency treatment, obtain a copy of *Blindness and Visual Impairment: Drug and Alcohol Abuse Prevention and Treatment*, written by Leonard F. Burns, M.A. and John de Miranda, Ed.M., August 1991. The report is available from the authors. Write to Peninsula Health Concepts, 2165 Bunker Hill Drive, San Mateo, CA 94402. Phone: 415-578-8047.

Possible Solutions to Access Problems

- To facilitate mobility on a path of travel, remove displays or other objects; avoid clutter; use large letter signs; raise low-hanging signs or lights.
- Written information is a problem. Try using talking calculators or computers. Increase the frequency of oral announcements; provide audiotapes or braille transcripts of frequently requested information; have staff read aloud brochures or important information.
- Add raised or braille lettering to elevator control buttons.
- Install entrance indicators such as strips of textured material near doorways, elevators, etc.
- Use radio for announcements and advertising.
- Have optical magnifiers and other optical aids available for the person with a visual impairment to use.

Suggestions to Improve Positive Interactions

To guide a person who is blind, let him or her take your arm. If you encounter steps, curbs, or other obstacles, identify them.

When sitting down, guide one person's hand to the back of the chair and tell him or her whether the chair has arms.

When giving directions, be as clear and specific as possible. Estimate the distance in steps, and point out obvious obstacles in the direct path of travel.

Speak directly to the person in a normal tone and speed. Do not shout or speak in a loud voice.

Resist the temptation to pet or play with a working guide dog. The dog is working and should not be distracted.

When leaving a room, say so. Anyone would feel foolish talking into thin air.

When the person who has a visual impairment must meet many people, introduce them individually. This helps the person to better associate names and voices for subsequent encounters.

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MYTHS & **FACTS**

MYTH: *People who are blind can hear and feel things no one else can; they have a "sixth sense."*

FACT: Certain senses become more highly developed because people who are blind rely upon them more. There is nothing mystical about this phenomenon.

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MYTH: *Blindness means living in a world of darkness.*

FACT: What a person is able to see depends upon the age of onset, degree of visual memory, and degree of usable vision regarding light, shape, etc.

MYTH: *All people who are blind read braille.*

FACT: Only about 10% read braille, but there are many other assistive devices that promote independence. These include reading aids, listening aids, and readers.

REMEMBER

ASK AND LISTEN!

A person with
a disability
is the expert
about his or her
disability.

ETC.

This space has been provided for you to take notes or write questions that you want to ask resource organizations or agencies.

For More INFORMATION

Organizations

American Council of the Blind
1155 15th Street NW, Suite 720
Washington, DC 20005
(800) 424-8666 • (202) 467-5081

American Foundation for the Blind
15 West 16th Street
New York, NY 10011
(212) 620-2000

National Association for the Visually Handicapped
22 W 21st Street
New York, NY 10010
(212) 889-3141

National Federation of the Blind
1800 Johnson Street
Baltimore, MD 21230
(301) 659-9314

Community Contacts

Many of the listed organizations have state and local chapters.

To locate additional resources contact your state Governor's Committee of People with Disabilities

or obtain a State Resource Sheet from

National Information Center for Children and Youth with Disabilities
PO Box 1492
Washington, DC 20013
(703) 893-6061 • (800) 999-5599 • (703) 893-8614 TDD

Government Agency

Division of the Blind and Visually Impaired
Rehabilitation Services Administration
U.S. Department of Education
330 C Street, SW
Washington, DC 20202
(202) 732-1309

References

Glass, Edward J. (1980/81). Problem drinking among the blind and visually impaired. *Alcohol Health and Research World*, 5(2), 20-25.

Hindman, M., and Widen, P. (1980/81). The multi-disabled: Emerging responses. *Alcohol Health and Research World*, 8(2), 4-10.

Motet-Grigoras, C., and Schuckit, M. (1986). Depression and substance abuse in handicapped young men. *Journal of Clinical Psychiatry*, 47, 234-237.

Nelipovich, M., and Buss, E. (1989). Alcohol abuse and persons who are blind. *Alcohol Health and Research World*, 13(2), 128-131.

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, (1979). *Sense Ability*, Washington DC: George Washington University.

This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
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